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VIA FACSIMILE

ATTENTION: Examiner Padgett  
GROUP ART UNIT: 1762  
FIRM/CO. NAME: United States Patent and Trademark Office  
APPLICATION NO: 09/545,110  
FAX NO: (703) 872-9306  
FROM: Ashok K. Janah  
DATE: August 18, 2004  
AMAT REFERENCE NO: 003117 USA/ETCH/SILICON/JB1

OFFICIAL

TOTAL NUMBER OF PAGES 16 (INCLUDING COVER PAGE)

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BUSINESS PHONE: (415) 538-1555 FACSIMILE NO: (415) 538-8380

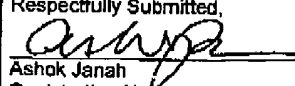

MESSAGE:

Examiner,  
Attached is an Amendment filed under 37 CFR 1.312 in response to the Notice of Allowance and Fee(s) Due mailed on May 20, 2004. This amendment is being filed prior to the payment of the issue fee.

Thank you,  
Hilde Susan Jaegtnes

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Lill et al. Application No.: 09/545,110 Confirmation No.: 9276 Filing Date: April 6, 2000 Title: <b>IMPROVED SUBSTRATE MONITORING METHOD AND APPARATUS</b>		Group Art Unit: 1762 Examiner: Marianne L. Padgett Attorney Docket No.: 00311 / USA/ETCH/SILICON/JB1 August 18, 2004 San Francisco, CA 94107											
VIA FACSIMILE: (703) 872-9306 Commissioner for Patents		<b>Extension of Term</b> <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136											
<b>Papers Enclosed</b> <input checked="" type="checkbox"/> Amendment under 37 CFR 1.312 <input type="checkbox"/> 0 Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Extension (Months)</th> <th style="text-align: left;">Extension Fee</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td>\$110</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td>\$420</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td>\$950</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>Total \$ 0.00</b></td> </tr> </table> <input checked="" type="checkbox"/> Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.		Extension (Months)	Extension Fee	<input type="checkbox"/> One Month	\$110	<input type="checkbox"/> Two Months	\$420	<input type="checkbox"/> Three Months	\$950	<b>Total \$ 0.00</b>	
Extension (Months)	Extension Fee												
<input type="checkbox"/> One Month	\$110												
<input type="checkbox"/> Two Months	\$420												
<input type="checkbox"/> Three Months	\$950												
<b>Total \$ 0.00</b>													
<b>Fees for Extra Claims</b> Amendment Fee Calculation													
	Claims remaining after amendment	Highest Number Previously Paid for	Number Extra	Rate Large Entity	Additional Fee								
Total Claims	40	106	0	\$18.00	0								
Independent Claims	12	30	0	\$86.00	0								
Multiple Dependent Claims				\$290.00	0								
Supplemental Information Disclosure Statement				\$180.00	0								
<b>Total</b>					0								
<b>Fee Payment</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Extension Fees</td> <td style="width: 50%; text-align: right;">\$0.00</td> </tr> <tr> <td>Fee for Extra Claims</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: right;"><b>\$0.00</b></td> </tr> </table>		Extension Fees	\$0.00	Fee for Extra Claims	\$0.00	<b>Total</b>	<b>\$0.00</b>	<b>Fee Deficiency</b> <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u>					
Extension Fees	\$0.00												
Fee for Extra Claims	\$0.00												
<b>Total</b>	<b>\$0.00</b>												
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$0.		Please direct all telephone calls to: Ashok K. Janah at (415) 538-1555  Please continue to send correspondence to: Patent Department, M/S 2061 Applied Materials, Inc. P.O. Box 450A Santa Clara, CA 95052											
<b>Certificate of Transmission</b> I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office at Fax No. (703) 872-9306 on the date shown below.		Respectfully Submitted,  Ashok Janah Registration No. 37,487											
By  <u>Susan Jaegtnes</u> Date <u>August 18, 2004</u>		Date <u>August 18, 2004</u>											

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Application No.: 09/545,110 Confirmation No.: 9276	Examiner: Marianne L. Padgett
Filing Date: April 6, 2000	Attorney Docket No.: 003117 USA/ETCH/SILICON/JB1
Title: IMPROVED SUBSTRATE MONITORING METHOD AND APPARATUS	August 18, 2004 San Francisco, California

AMENDMENT UNDER 37 C.F.R. § 1.312

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(703) 872-9306

Commissioner for Patents

Examiner Padgett:

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By: 

Hilda Susan Jaegle

Date: August 18, 2004